

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	06/08/2018 12:28
Date Of Accident	04/08/2018 14:35
Exact Location Of Accident	JUNCTION SERANGOON ROAD LANE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB7132Y
Insured/Policyholder	
Name Of Registered Owner	SHINCON INDUSTRIAL PTE LTD
Co Reg No	198300369G
Email Address	YEEMUN@SHINCON.SG
Mobile Phone No	
Alternative Phone No	OFFICE-91998333

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCPHQ18-001808
Cover Note Number	

Driver

Name of Driver	NALLATHAMBI BALAKRISHNAN
NRIC No	G2453838P
Date Of Birth	05/06/1992
Occupation	INDOOR
Date Of Driving Pass	23/08/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84089739
Fax Number	
Contact Number	
Email Address	YEEMUN@SHINCON.SG

Address	67 SUNGEI KADUT DRIVE PRESTIGE RESHOURCE PTE LTD
Postcode	729567
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to Police Report No.: T/20180804/2087.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7925A
Vehicle Make/Model/Colour	TAXI YELLOW
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	AH KOW @ LEE KIM LENG
NRIC/Passport Number	S2547861D
Contact Number	94310944
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

N. Babu

N. Babu
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

B: SHC7925A

A: GBB71328

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

DECLARATION

I/We declare that the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

N. Babalashov
N. Babalashov

Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180804/2087

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20180804/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/08/2018 16:19	Vide Report No.:	Station Diary No.: 164
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Informant's Particulars			
Name of Informant: NALLATHAMBI BALAKRISHNAN		Address: 67 Sungei Kadut Drive Prestige Resource Pte Ltd SINGAPORE 729567	
ID Type / ID No.: FIN NO / G2453838P		Contact No.: Home/Office: Mobile: 84089739	
Nationality: INDIAN		Email:	
Sex: Male	Age: 26	Date of Birth: 05/06/1992	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Construction Worker		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/08/2018 14:30	Type of Location: Straight Road
Location: Along Road 1 SERANGOON ROAD Serangoon Road Lane 2 outside Serangoon Plaza				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
GBB7132Y	Lorry	NISSAN	Cabstar 3.0	Silver	Slightly Damaged	0
SHC7925A	Car	HYUNDAI	I40	Yellow	Slightly Damaged	3

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180804/2087

2 of 3

Police Station Of Origin:
Rocher N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20180804/2087

CONTINUATION OF REPORT

Driver			
Name	NALLATHAMBI BALAKRISHNAN		ID No. G2453838P
Related Vehicle	GBB7132Y (Lorry)		Contact No. 84089739
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Ah Kow@ Lee Kim Leng		ID No. S2547861D
Related Vehicle	SHC7925A (Car)		Contact No. 94310944
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/08/2018 at 1434hrs, I was driving along serangoon road lane 2 passing by the Serangoon Plaza Taxi stand and when I just past it, suddenly I felt someone knocking onto my lorry's rear as such I went down to make a check and realized that the taxi's front left bumper hit onto my lorry's rear right signal lights.

After that no one was injured and we exchanged particulars, took some photos and left the area.

I am lodging this report for insurance claim purposes. That is all.



**SINGAPORE
POLICE FORCE**



T/20180804/2087

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20180804/2087

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

A /
Sgt 2 SUAH YUN ZHEN

Signature Of Informant:

N. Balakrishnan

Signature Of Interpreter:

Not applicable

Date/Time:

04/08/2018 16:19

Officer In Charge Of Case:

TP / GIA /

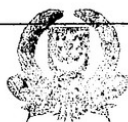
Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

SN 12

Authentication Stamp
NP168



Signature: _____

Singapore Police Force

REPUBLIC OF SINGAPORE DRIVING LICENCE

NALLATHAMBI BALAKRISHNAN

Class Date: 05 Jun 1992
 Issue Date: 29 Jun 2015
 Valid Till: 28/06/2016

002445941K

WORK PERMIT
 Employment of Foreign Manpower Act (Chapter 91A)

EMPLOYER
 SHINCON INDUSTRIAL PTE. LTD.

Name
 NALLATHAMBI BALAKRISHNAN

Work Permit No.
 O 36392207

Sector:
 CONSTRUCTION

K0239875

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Vehicle Class	Effective Date
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	29 Jun 2015
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	23 Aug 2016

G2453838P

S / No. 9000234883

Licence No: G2453838P

NP 428A

VISIT PASS
 Immigration Regulations

04-04-2016

Name
 NALLATHAMBI BALAKRISHNAN

FIN
 G2453838P

Date of Birth
 05-06-1992

Sex
 M

Nationality
 INDIAN

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

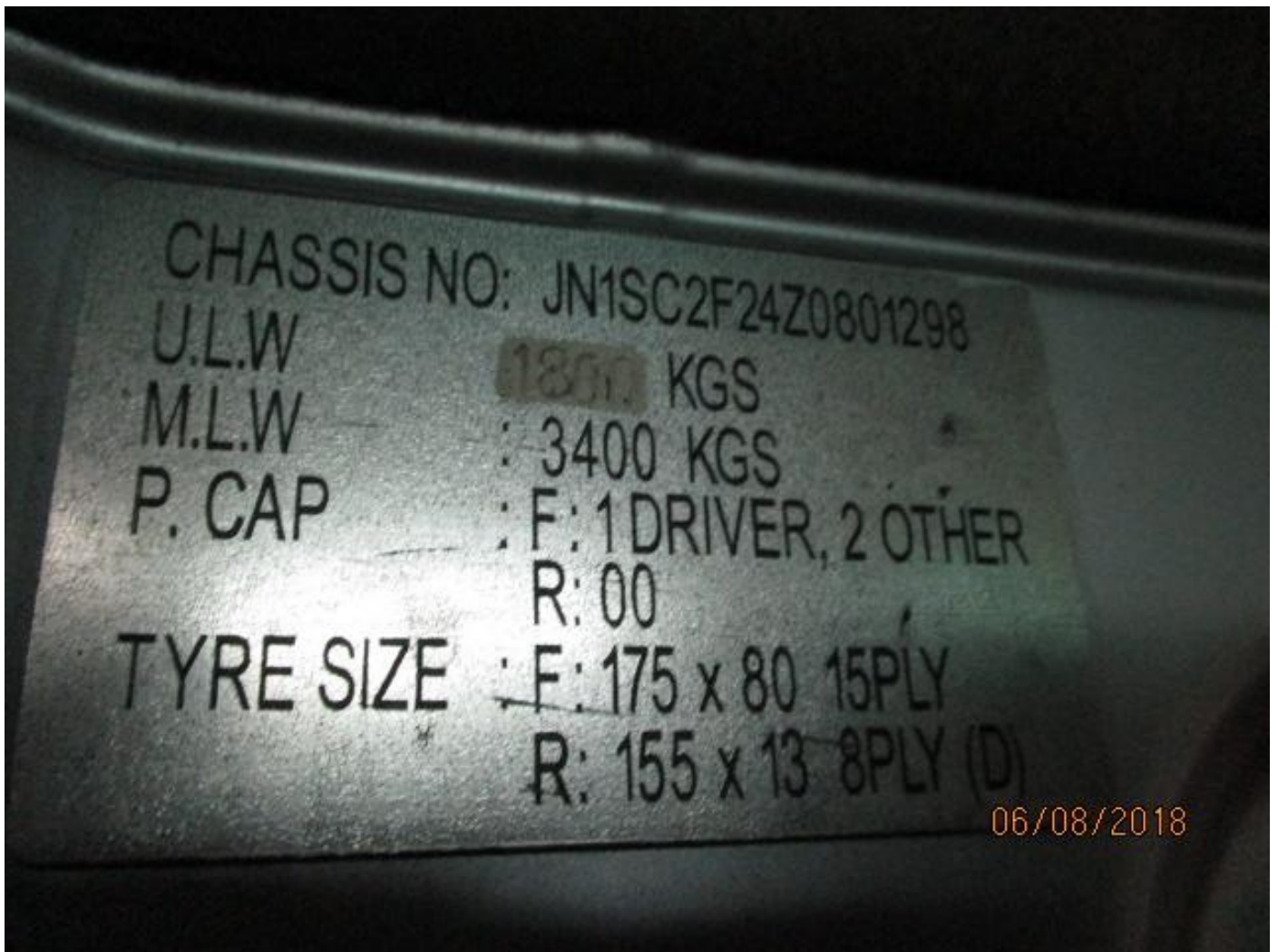


Accident Photo



Accident Photo





CHASSIS NO: JN1SC2F24Z0801298

U.L.W : 1850 KGS

M.L.W : 3400 KGS

P. CAP : F: 1 DRIVER, 2 OTHER
R: 00

TYRE SIZE : F: 175 x 80 15PLY
R: 155 x 13 8PLY (D)

06/08/2018

Accident Photo

